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# *Army Industrial Hygiene News and Regulatory Summary*

This information is published by the Industrial Hygiene and Medical Safety Management (IHMSM) for the U.S. Army Public Health Command (Provisional), formerly U.S. Army Center for Health Promotion and Preventive Medicine as a service to the Army Industrial Hygiene Program, Federal agencies, and industrial hygienist throughout the Federal and private sector.

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## TOPIC OF THE MONTH

### WORLD CUP NOISE DANGER



#### Would OSHA Ban Vuvuzelas from US Stadiums

Federal safety investigators would probably shut down the World Cup soccer playoffs if they were being held in the U.S. The noise levels saturating the stadium in Pretoria far exceeded the legal limits for sound, and scientists warn that deafness may result.

And the hearing-annihilating horns may soon be coming to a stadium near you.

At the soccer playoffs, the penetrating sounds spewing from 39-inch-long plastic horns called vuvuzelas are likely damaging, even destroying, the hearing of players, referees and security forces as well of many of the thousands of spectators crammed into Loftus Versfeld Stadium. The buzzing of thousands of horns creates noise levels that far exceed the legal limits for sound in the U.S.

The horn, crafted by Neil Van Schalkwyk, a Cape Town plastics worker, was modeled after the real horns of the woodland Kudu antelope. Those horns were used for centuries by tribes throughout southern Africa to communicate to villagers over great distances.

Use of trademarked names does not imply endorsement by the U.S. Army but is intended only to assist in identification of a specific product.

## TOPIC OF THE MONTH (con't)

South African researchers found the noise in the stadium "reached dangerously high levels," averaging 131 decibels but up to 144 decibels. At these levels, permanent damage can be done in as little as 15 minutes. The average soccer match runs an hour-and-a-half, they reported.

The danger is magnified because thousands of vuvuzelas are being blown at the same time during a match.

Too much noise exposure may cause a temporary change in hearing, your ears may feel stuffed up, or you can suffer tinnitus, which is a temporary ringing in your ears. Repeated exposures to loud noise can lead to permanent, incurable hearing loss or tinnitus.

Noise-induced loss of hearing is an irreversible, sensorineural (nerve damage) condition that progresses with exposure. This noise-induced loss is caused by damage to nerve cells of the inner ear (cochlea) and, unlike some conductive hearing disorders, cannot be treated medically.

Public health experts are worried about hazards that accompany use of the horns. With everyone blowing hard into their vuvuzelas, flu viruses and bacteria can be spread over a large number of people as a fine mist of spittle is spewed upon other spectators.

It appears unlikely that the vuvuzela will fade out with the end of the World Soccer Cup.

APR's Marketplace reports that Chinese plastic factories were cranking out 200,000 faux African horns a day before the World Cup began. Now, about 20,000 a day are coming off the assembly line because Chinese entrepreneurs see a growing worldwide market and anticipate the irritating noise-maker will be adopted by baseball and football zealots in the U.S.

Source: <http://www.aolnews.com/world/article/world-cup-vuvuzelas-could-cause-hearing-loss-south-african-study-says/19527580>

## KEY INDUSTRIAL HYGIENE TOPICS

### Ergonomics

#### **Naval Safety Center Success Story: "Protecting Our People from Bad Vibrations"**

Some potentially serious occupational hazards in Navy workplaces, like noise-induced hearing loss and heat stress, are well known, heavily reported, and well documented. However, certain other workplace hazards are not as widely recognized. One such hazard is hand arm vibration, which can cause hand arm vibration syndrome, or HAVS. The Navy faces the continual challenge of finding better and improved vibration-reducing materials and technologies that meet ANSI/ISO guidelines and standards and can be incorporated into ships and shore facility designs during the acquisition process.

"The views expressed in this article are those of the author and do not reflect the official policy of the Department of the Army, Department of Defense, or the U.S. Government."

## KEY INDUSTRIAL HYGIENE TOPICS (con't)

Because Navy leadership is concerned about the safety and health of its military and civilian workers, they are working hard to address HAVS as an under-recognized occupational health problem through acquisition of safe, cost-effective, and performance-improving designs and equipment.

Read about the Navy efforts to protect their people from HAVS at:

[www.public.navy.mil/navsafecen/Documents/Success%20Stories%2020149%20Hand\\_Arm\\_Vibration\\_%2014\\_June\\_10.pdf](http://www.public.navy.mil/navsafecen/Documents/Success%20Stories%2020149%20Hand_Arm_Vibration_%2014_June_10.pdf)

### Hazardous Substances

#### *Occupational Hazards*

##### **Study Suggests Painters Face Increased Risk of Bladder Cancer**

Professional painters may face an increased risk for bladder cancer and that risk seems to rise with the number of years they work, a new study suggests.

Researchers analyzed nearly 3,000 cases of bladder cancer in professional painters that were reported in 41 previous studies. Some of those studies also classified plasterers, glaziers, wallpaper hangers, artists and decorators as painters.

After taking into account smoking (a key risk factor for bladder cancer), the review authors concluded that painters were 30 percent more likely to develop bladder cancer than the general population.

While there was some evidence that female painters were more likely to develop bladder cancer than male painters, only four of the studies included separate results for women.

The number of years a person worked as a painter had a significant effect on bladder cancer risk. People who worked as a painter for more than 10 years were more likely to develop the disease than those who'd been painters for less than 10 years.

It's not known which chemicals in paint increase the risk of bladder cancer and the link between being a painter and bladder cancer is complicated by work variability, differing levels of exposure and changes to the composition of paint over time, the researchers noted. Painters are exposed to some of the same chemicals that are found in cigarette smoke, including aromatic amines, they added.

Source: [http://news.yahoo.com/s/hsn/20100720/hl\\_hsn/studysuggestspaintersfaceincreasedriskofbladdercancer](http://news.yahoo.com/s/hsn/20100720/hl_hsn/studysuggestspaintersfaceincreasedriskofbladdercancer)



## KEY INDUSTRIAL HYGIENE TOPICS (con't)

### The Cost of Obesity: Hospital Need Specialty Gear for Obese Patients



A June 2010 survey from the medical supply contractor, Novation, which includes hospitals in the University Health System Consortium and VHA member health care organizations, found that a majority of the facilities had purchased at least one type of bariatric equipment including lifts, beds, stretchers or transfer devices to accommodate the rise in morbidly obese patients, people with a body mass index of 40 or greater. Nearly 80 percent of the hospitals also reported using special wheelchairs, walkers and blood pressure cuffs for larger patients. The supplies, though needed, are also very costly.

Millennium Research Group, a Canada-based medical analysis group, estimates that U.S. hospitals will spend more than \$1.2 billion by the end of 2011, purchasing supplies to accommodate the obese patients.

Their analysis indicates that a standard hospital table now accommodates patients up to 600-pounds, and runs about \$30,000. The price of a bariatric sized table, for patients weighing up to 1,000 pounds, jumps to just under \$45,000.

According to the CDC, 34% of adults age 20 and older are obese, and the American Society of Metabolic and Bariatric Surgery estimates that around 220,000 obese Americans underwent bariatric surgery— a common type of weight-loss surgery— in 2009.

In a report on Medical Care for Obese Patients, the NIH encourages hospitals to "create an accessible and comfortable environment" for morbidly obese patients who may often avoid preventive care. This concern remains a priority for public health officials, however, the costs remain equally concerning for many hospitals and insurance companies.

In the Novation survey, for example, 80% of the hospitals indicated that purchasing or renting special beds accounted for the greatest spending increase at their facility. A 2009 study by the CDC and the non-profit research group, RTI International, found the direct and indirect costs of obesity could be as high as \$147 billion annually.

Source: <http://pagingdrgupta.blogs.cnn.com/2010/07/21/obese-patients-need-larger-more-costly-supplies/>

### Nanotechnology

#### Use of a Condensation Particle Counter and an Optical Particle Counter to Assess the Number Concentration of Engineered Nanoparticles

There is a need to evaluate nanoparticle (< 100 nm) exposures in occupational settings. However, portable instruments do not size segregate particles in that size range. A proxy method for determining nanoparticle count concentrations involves subtracting counts made with a condensation particle counter (CPC) from those of an optical particle counter/sizer (OPC), resulting in an estimation of "very fine" particles < 300 nm, where 300 nm is the OPC lower detection limit. However, to determine size distributions from which particles < 100 nm may be estimated, the resulting count of particles < 300 nm can be used as an additional channel of count

## KEY INDUSTRIAL HYGIENE TOPICS (con't)

data in addition to those obtained from the OPC. To test these methods, the very fine number concentrations determined using a CPC and OPC were compared with those from SMPS measurements and were used to verify the accuracy of a very fine particle number concentration determined by an OPC and CPC. Two “size-distribution” methods, weighted-average and log-probit, were applied to reproduce particle size distributions from OPC and CPC data and were then evaluated relative to their ability to accurately estimate the nanoparticle number concentrations. Various engineered nanoparticles were used to create test aerosols, including titanium dioxide (TiO<sub>2</sub>), silicon dioxide (SiO<sub>2</sub>), and iron oxide (Fe<sub>2</sub>O<sub>3</sub>). These materials were chosen because of their different refractive indices and therefore may be measured differently by the OPC. The count-difference method was able to estimate very fine particle number concentrations with an error between 10.9 to 58.4%. In estimating nanoparticle number concentrations using the size-distribution methods, the log-probit method resulted in the lowest percent errors that ranged from -42% to 1023%. Percent error was lower than the instrument manufacturer's indicated level of accuracy when the test aerosol refractive index was similar to that used for OPC calibration standards. Accuracy could be increased if there was an increase in the size resolution for number concentrations measured by the CPC of very fine particles and mitigation of optical effects.

*Source: Journal of Occupational and Environmental Hygiene, Volume 7, Issue 9 September 2010 (Available with AIHA membership)*

### **Radiation**

#### **UV Safety Month**

With the bright summer sun hitting beaches and backyards across the country this month, July has been designated UV Safety Month by the American Academy of Ophthalmic Executives. Standards for sunglasses and other ophthalmic products are essential in keeping people's peepers safe, healthy, and functioning at their best.

When spending time in the great outdoors this summer, sunglasses should be worn to protect eyes against damaging ultraviolet (UV) rays. ANSI Z80.3-2009, Nonprescription Sunglass and Fashion Eyewear Requirements, is an American National Standard (ANS) that provides guidelines for recreational sunglasses, assuring the safety of consumers' eyes as they soak up the sun. ANSI Z80.3-2009 was developed by the Z80 ANSI-accredited Standards Committee.

Even on cloudy days or indoors, eyes benefit from the work of standards. The Z80 Standards Committee has developed many ANS for products that assist the visually impaired. These include:

- ANSI Z80.20-2004, Ophthalmics: Contact Lenses - Standard Terminology, Tolerances, Measurements and Physicochemical Properties
- ANSI Z80.5-2004, Requirements for Ophthalmic Frames
- ANSI Z80.13-2007, Phakic Intraocular Lenses

Eye protection is critical in many workplaces such as construction sites, factories, and laboratories. An ANS developed by the CSA America addresses this protection. CSA Z94.3-07, Eye and Face Protectors, sets forth guidelines to minimize or prevent injuries from such hazards as flying objects and particles, splashing liquids, molten metal, and ultraviolet, visible, and infrared radiation.

## KEY INDUSTRIAL HYGIENE TOPICS (con't)

From the sun's powerful rays to hazards on the job, many daily activities pose a threat to healthy eyes. Thanks to standards, these vital organs can continue to give us the sights of the summer, the fall, and every season that follows.

Source: <http://www.ansi.org>

## DEPLOYMENT HEALTH AND SAFETY

### New Army Technical Guide

TG-230 Environmental Health Risk Assessment and Chemical Exposure Guidelines for Deployed Military Personnel

[http://chppm-www.apgea.army.mil/documents/TG/TECHGUID/TG230June2010Revision%20 Entirety.pdf](http://chppm-www.apgea.army.mil/documents/TG/TECHGUID/TG230June2010Revision%20Entirety.pdf)

## PREVENTIVE MEDICINE ISSUES

### **Inactivation of Methicillin-Resistant *Staphylococcus aureus* (MRSA) and Vancomycin-Resistant *Enterococcus faecium* (VRE) on Various Environmental Surfaces by Mist Application of a Stabilized Chlorine Dioxide and Quaternary Ammonium Compound-Based Disinfectant**

Contaminated environmental surfaces are important reservoirs in the transmission of many human pathogens. Although several options exist for disinfecting contaminated environmental surfaces, few are compatible with use on both hard smooth non-porous (hard) and soft porous surfaces (soft) while still offering significant disinfection of the contaminating organisms. This study evaluated the efficacy of mist application of a stabilized chlorine dioxide and quaternary ammonium compound-based disinfectant (Cryocide20) for inactivation of methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Enterococcus faecium* (VRE) on various environmental surfaces. MRSA and VRE were applied to hard and soft surfaces (glass, steel, tile, carpet, and cotton fabric), allowed to dry, and exposed to a uniform mist application of the disinfectant solution. After 1 hr of contact time, the residual disinfectant was neutralized, and the bacteria were recovered and enumerated on brain heart infusion (BHI) agar. Reduction of both test bacteria was observed on most of the hard and soft surfaces tested. Log10 reduction of the organisms tended to be higher on steel, tile, and carpet than glass or cotton. Overall, these results suggest that mist application of Cryocide20 disinfectant may be an effective option for reduction of low levels of infectious bacterial pathogens from contaminated environmental surfaces.

Source: *Journal of Occupational and Environmental Hygiene*, Volume 7, Issue 9 September 2010 (Available with AIHA Membership)

### **Acute Antimicrobial Pesticide-Related Illnesses Among Workers in Health-Care Facilities --- California, Louisiana, Michigan, and Texas, 2002--2007**

Occupational exposures to antimicrobial pesticides are known to cause adverse health effects. To assess the nature and frequency of such exposures in health-care settings, CDC analyzed data from pesticide poisoning



## PREVENTIVE MEDICINE ISSUES (con't)

surveillance programs in California, Louisiana, Michigan, and Texas (the only four states that regularly collect data on antimicrobial pesticide-related illness) for the period 2002--2007. This report summarizes the results of that analysis, which identified 401 cases of work-related illness associated with antimicrobial pesticide exposures in health-care facilities. Most cases were identified through workers compensation systems (61%) and occurred among females (82%) and persons aged 25--54 years (73%). The most frequent occupations reported were janitors/housekeepers (24%) and nursing/medical assistants (16%). The reported mechanism of injury usually was splashes/spills (51%). The eyes were the most common organ/system affected (55%); only 15% of the 265 persons who had exposures while handling antimicrobial pesticides reported using eye protection. Reported symptoms were mostly mild and temporary. One fatality due to acute asthma and subsequent cardiopulmonary collapse was identified. Health-care facilities should educate workers about antimicrobial pesticide hazards, promote the use of personal protective equipment (PPE) as appropriate, and implement effective risk communication strategies for antimicrobial pesticide use to prevent bystander exposure. Improved design of handling equipment might prevent handler and bystander exposure.

Source: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5918a2.htm>

### **In a World of Throwaways, Making a Dent in Medical Waste**



The health care industry has a garbage problem.

It's not just that hospitals, doctors' offices, clinics and other health facilities generate several billion pounds of garbage each year: buried in that mountain of trash are untold numbers of unused disposable medical devices as well as used but recyclable supplies and equipment, from excess syringes and gauze to surgical instruments.

The problem, fueled by a shift toward the use of disposables that made it simple to keep treatment practices sterile, has been an open secret for years, but getting the health care industry to change its habits has not been easy.

A new movement is taking aim at one of the biggest sources of medical refuse — the operating room, which churns out roughly 20 to 30 percent of a hospital's waste.

Eliminating the squandering of medical supplies and equipment can save on new purchases as well as incineration and landfill fees. Some institutions have turned to interventions like reducing their use of materials, recycling what they do use, and donating leftover but still usable items to developing nations.

Until fairly recently, most medical devices — made from durable metal, glass or rubber — could be disinfected for countless reuses. In the 1980s, however, the health care industry began shifting to single-use versions, often

made from inexpensive plastics, partly because the emerging H.I.V. epidemic raised fears about the risks of recycling equipment.

Some single-use devices can be reused after reprocessing. Another approach is to cut back the use of disposables at the source by streamlining packaged surgical kits.

Source: [http://www.nytimes.com/2010/07/06/health/06waste.html?\\_r=1&ref=health](http://www.nytimes.com/2010/07/06/health/06waste.html?_r=1&ref=health)

## PREVENTIVE MEDICINE ISSUES (con't)

### This Won't Hurt a Bit

A vaccination patch could make immunizations ouch-less

For most people, the worst thing about getting a vaccination is the big, scary hypodermic needle. So researchers have invented a new vaccine-delivery system that replaces the large single needle with 100 tiny dissolvable ones embedded in a Band-Aid-like patch. The new patch can immunize mice against influenza just as effectively as conventional needle vaccination.



Once the microneedles pierce the skin, they dissolve into the surrounding bodily fluid, releasing the vaccine in the process. Newly developed dissolving microneedles for delivering vaccines stand just 650 micrometers tall, less than the thickness of a nickel.

Since the patch just needs to be slapped on and can be stored at room temperature, medical training and careful handling aren't required. People could pick up the patches from the pharmacy or even get them in the mail and vaccinate themselves. The patch could be used to replace a number of needle vaccinations, including the annual flu shot.

The new patch might actually be more effective than shots at generating an immune response, researchers say. Standard vaccines are injected into muscles, but there really are no immune cells in there. The vaccine has to find its way from the muscle to the blood and lymph system to encounter the cells that spur protection.

With the microneedle patch, the vaccine is delivered into the immune-cell-rich skin. A number of studies have shown that skin-based delivery of vaccines is more effective than injections into muscle. Because of this stronger response, the patch might make it possible to get equal protection with lower doses of vaccine.

The patch might be especially helpful in developing countries, where electricity to keep liquid vaccines cold is in short supply, and needles and trained medical personnel are scarce. Studies have not been conducted to see how long the patches can sit at room temperature, but scientists predict that they would be stable on the order of months.

The cost of the microneedle patch would be similar to current needle-based vaccines and the technology is ready for clinical trials, which is anticipated over the next couple of years.

Source: [http://www.sciencenews.org/view/generic/id/61241/title/This\\_wont\\_hurt\\_a\\_bit](http://www.sciencenews.org/view/generic/id/61241/title/This_wont_hurt_a_bit)



## PREVENTIVE MEDICINE ISSUES (con't)

### Waterborne Diseases Cost U.S. More than \$500 Million Each Year

Hospitalizations for three common waterborne diseases cost the U.S. health care system as much as \$539 million annually. This estimate is based on large insurance claims between 2004 and 2007, for the health care cost of three common waterborne diseases in the United States: Legionnaires' disease, cryptosporidiosis and giardiasis.

Modest investments in preventing these diseases could lead to reduced disease and significant health care cost savings. Example of possible, low-cost interventions include public education campaigns, appropriate maintenance of building water systems, and regular inspection of pools and other recreational water facilities



Source: <http://ohsonline.com/articles/2010/07/18/waterborne-diseases-cost-us-more-than-500-million-each-year.aspx?admgarea=ht.RiskManagement>

## SAFETY

### SAFETY

#### At a Post Office Near You - OSHA First: Unique Enforcement Tactic Employed

OSHA filed a complaint against the U.S. Postal Service for electrical work safety violations. The complaint, which asks the Occupational Safety and Health Review Commission to order USPS to correct electrical violations at 350 facilities, marks the first time the department has sought enterprise-wide relief as a remedy.

The request for enterprise-wide relief is based upon the discovery of numerous, similar electrical work safety violations in the course of investigations of USPS mail processing and distribution facilities across the country. These violations increase the risk of injury from electrical shock, including electrocution. While today's complaint arises from violations discovered in the Providence, R.I., facility, the requested remedy would apply to all 350 USPS processing and distribution centers, all of which contain similar equipment.

OSHA's inspections have revealed numerous violations of similar worker safety standards at USPS facilities throughout the nation. The complaint alleges that USPS's actions demonstrate an enterprise-wide policy that resulted in ongoing systemic electrical work safety violations. USPS failed to adequately train workers in recognizing electrical hazards and how to work safely around such hazards, and did not provide workers with the appropriate tools and personal protective equipment to avoid injury or death while working around and on electrical equipment. The complaint also seeks \$558,000 for the eight willful and four serious violations discovered in Rhode Island.

"Even though it was aware of the hazards, USPS failed to institute the necessary measures to protect its workers," said Assistant Secretary of Labor for OSHA Dr. David Michaels.

Source: <http://www.workplacemagazine.com/EzineStory/safety/2010/July/07202010Article1.htm>

## SAFETY (con't)

### Lifesaving Drugs May be Killing Health Workers

Sue Crump braced as the chemo drugs dripped into her body. She knew treatment would be rough. She had seen its signature countless times in the ravaged bodies and hopeful faces of cancer patients in hospitals where she had spent 23 years mixing chemo as a pharmacist.

At the same time, though, she wondered whether those same drugs — experienced as a form of "secondhand chemo" while she mixed the drugs as a pharmacist at Swedish Medical Center and elsewhere — may have caused her cancer to begin with.

Chemo is poison, by design. It's descended from deadly mustard gas first used against soldiers in World War I. Crump knew she had her own war on her hands. She wanted to live long enough to see her 21-year-old daughter, Chelsea, graduate college.

And she wanted something else: She wanted young pharmacists and nurses to pay attention to her story. Crump, who died of pancreatic cancer in September at age 55, was one of thousands of health-care workers who while on the job was chronically exposed to chemotherapy agents for years before there were even voluntary safety guidelines in place.

To see the full article go to: [http://seattletimes.nwsources.com/html/localnews/2012327665\\_chemo11.html](http://seattletimes.nwsources.com/html/localnews/2012327665_chemo11.html)

### Nearly 6,300 Safety Hazards Expected in Congressional Workplaces



An estimated 6,300 worker safety and health hazards are expected to be identified within the congressional workplace during the 111th Congress, a 30% drop from the 13,141 hazards found in the 110th Congress, a report from the congressional Office of Compliance says. The report touts the drop in the number of hazards, but points out that more than 30,000 workers employed by Congress still face occupational hazards and need more protection. The largest category was of electrical hazards, with fire safety, hazard communication, machine guarding, storage shelving, and

first aid emergency care also listed.

Source: <http://www.compliance.gov/wp-content/uploads/2010/07/Annual-Report-for-Web-508C-2010.pdf>

### New Laws Target Workplace Bullying

There are some very important things they don't tell you on career day. Chief among them is that there is a good chance that at some point during your working adult life you will have an abusive boss — the kind who uses his or her authority to torment subordinates. Bullying bosses scream, often with the goal of humiliating. They write up false evaluations to put good workers' jobs at risk. Some are serial bullies, targeting one worker and, when he or she is gone, moving on to their next victim.



## **SAFETY (con't)**

Bosses may abuse because they have impossibly high standards, are insecure or have not been properly socialized. But some simply enjoy it. Recent brain-scan research has shown that bullies are wired differently. When they see a victim in pain, it triggers parts of their brain associated with pleasure.

Worker abuse is a widespread problem — in a 2007 Zogby poll, 37% of American adults said they had been bullied at work — and most of it is perfectly legal. Workers who are abused based on their membership in a protected class — race, nationality or religion, among others — can sue under civil rights laws. But the law generally does not protect against plain old viciousness.

That may be about to change. Workers' rights advocates have been campaigning for years to get states to enact laws against workplace bullying, and in May they scored their biggest victory. The New York state senate passed a bill that would let workers sue for physical, psychological or economic harm due to abusive treatment on the job. If New York's Healthy Workplace Bill becomes law, workers who can show that they were subjected to hostile conduct — including verbal abuse, threats or work sabotage — could be awarded lost wages, medical expenses, compensation for emotional distress and punitive damages.

If states enact laws of this kind and lawsuits begin to be filed, juries are far more likely to sympathize with the bullied worker than the bullying boss — and damages awards could be large. There is one easy way for employers to head all of this off: get more serious about rooting out abusive bosses before serious damage is done.

*Read more: <http://www.time.com/time/nation/article/0,8599,2005358,00.html?xid=rss-mostpopular#ixzz0uLNvzcq5>*

## **INDUSTRIAL HYGIENE PROFESSIONAL NEWS**

### **OSHA**

#### **Safety and Health Awareness for Oil Spill Cleanup Workers**

OSHA has partnered with the National Institute of Environmental Health Sciences (NIEHS) in publishing "Safety and Health Awareness for Oil Spill Cleanup Workers." OSHA and NIEHS will continue to update this booklet/PowerPoint.

*Source: <http://tools.niehs.nih.gov/wetp/index.cfm?id=2495>*

#### **Deepwater Horizon/Mississippi Canyon 252 Oil Spill**

Oil Spill Safety & Health Fact Sheet

*Source: <http://www.osha.gov/oilspills/deepwater-oil-spill-factsheet-ppe.pdf>*

### OSHA Unveils Dedicated Website for Whistleblowers



Reinforcing its belief that workers who "blow the whistle" on prohibited or unlawful practices in the workplace as well as safety and health discrimination play an important role in ensuring compliance with federal laws, OSHA has unveiled a dedicated Web address for its whistleblower protection program. Found at [www.whistleblowers.gov](http://www.whistleblowers.gov), the site is designed to provide workers, employers, and the public with easily accessible information about the 18 federal whistleblower protection statutes that OSHA currently administers.

The Web page will provide information about worker rights and provisions under each of the whistleblower statutes and regulations that OSHA enforces. Additionally, program fact sheets and information are available that discuss how one can file a retaliation complaint with OSHA. This Web page will continue to be accessible through OSHA's website, [www.osha.gov](http://www.osha.gov), by clicking on the "Whistleblower Protection" link.

Under Section 11(c) of the Occupational Safety and Health Act, workers may file discrimination complaints with OSHA if they believe their employer has retaliated against them for exercising a broad range of rights protected by the OSH Act. These rights include filing safety or health complaints with OSHA and seeking an OSHA inspection, participating in an OSHA inspection, participating or testifying in any proceeding related to occupational safety or health, or reporting an injury or illness to their employer.

Workers may also file whistleblower complaints with OSHA if they believe their employer has retaliated against them for engaging in protected activities related to air carrier safety, asbestos in schools, commercial motor carrier safety or security, corporate fraud, environmental, nuclear safety, pipeline safety, public transportation agency, rail safety or security, and several other statutes. For each of the statutes covered by agency, the Web page will provide workers with information on timeframes for filing, the complaint investigation process, case settlement, reinstatement, pay back wages, restoration of benefits, and other possible remedies to ensure justice for the worker, OSHA said.

Source: <http://ohsonline.com/articles/2010/07/10/website-for-whistleblowers.aspx?admgarea=ht.HealthMedicalManagement>